

<b>IHPC</b>	<b>Application for Certificate of Appropriateness</b>	<b>File No.</b>		
	Indianapolis Historic Preservation Commission 200 E. Washington Street, Suite 1801 Indianapolis, IN 46204 Ph: 317-327-4406 Fax: 317-327-4407		<b>IHPC Hearing</b>	
			<b>Hearing Officer</b>	
			<b>Staff Approval</b>	
			<b>Hearing Date:</b>	

**1. Address of Property Where Work is to be Done (Indicate Address or Legal Description):**

**2. Applicant's Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**3. Contractor's Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone/FAX: \_\_\_\_\_

**4. Present Use of the Property:** \_\_\_\_\_

**5. Description of Work to Be Done (Use Additional Sheets if Necessary):** \_\_\_\_\_

---



---



---



---



---

**6. Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**7. Estimated Cost of Project:**  **E-mail:** \_\_\_\_\_

- 8. Documentation Submitted:**
- |                  |                          |                           |                          |
|------------------|--------------------------|---------------------------|--------------------------|
| Site Plan        | <input type="checkbox"/> | Building Plans/Elevations | <input type="checkbox"/> |
| Samples/Swatches | <input type="checkbox"/> | Drawings/Sketches         | <input type="checkbox"/> |
| Photographs      | <input type="checkbox"/> | Other:                    |                          |

**9. Signature of the Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_